

THE CITY OF NEW YORK • OFFICE OF THE COMPTROLLER • BUREAU OF LABOR LAW

NAME OF PRIME CONTRACTOR ABC Contractors 210 Lakeview Road Somertown, NY 99999		PAYROLL REPORT (FEDERAL CONTRACTS) <i>TO BE SUBMITTED WITH REQUISITION FOR PAYMENT</i>					AGENCY Sample Facility			
NAME OF CONTRACTOR ABC Contractors		ADDRESS 210 Lakeview Road Somertown, NY 99999			PHONE NO. (555) 555-5555		PAYROLL No. 1		TAX I.D. No. 55-5555555	
CONTRACT REGISTRATION # 54-67-89		JOB CODE 9999-999			WEEK ENDING DATE 07/21/2013		PROJECT NAME & LOCATION Sample project for demonstration only			

(1) NAME ADDRESS LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	(2) LIST TRADE & CHECK CLASSIFICATION JOURNEYMAN ▲ PPRENTICE + YEAR NYS DOL REGISTERED ETHNICITY/GENDER	(3) T I M E	(4) DAY AND DATE							(5) TOTAL HOURS	(6) BASE RATE OF PAY PER HOUR	(7) TOTAL BASE PAY	(8) SUPPLEMENTAL BENEFITS			(11) GROSS PAY	(12) TOTAL TAX & OTHER DEDUCTIONS	(13) NET PAY
			M	T	W	T	F	S	S				RATE PER HOUR	PAID TO (Local # if Union is Checked)	TOTAL BENEFITS PAID			
			07/15	07/16	07/17	07/18	07/19	07/20	07/21									
			HOURS WORKED EACH DAY															
Jane Doe 71 Pineapple Lane Somertown, NY 99999 xxx-xx-9999	J A Pipe Fitter	RT	0	8	8	8	0	0	0	24	18.00	432.00	10.50	U E O Local # #999	252.00	720.00	207.44	512.56
			OT	0	0	0	0	0	0	0	0	27.00	0.00					
John Doe P.O. Box 999 Somertown, NY 99999 xxx-xx-9999	J A Sheetmetal Worker	RT	0	8	8	8	0	0	0	24	20.00	480.00	10.50	U E O Local # #999	252.00	800.00	241.76	558.24
			OT	0	0	0	0	0	0	0	0	30.00	0.00					
John Q. Public 2300 Arena Avenue Somertown, NY 99999 xxx-xx-9999	J A Truck Driver	RT	0	8	8	8	0	0	0	24	22.00	528.00	10.50	U E O Local # #999	252.00	880.00	208.92	671.08
			OT	0	0	0	0	0	0	0	0	33.00	0.00					
John Smith 36 Mimosa Lane Somertown, NY 99999 xxx-xx-9999	J A Laborer	RT	0	8	8	8	0	0	0	24	14.00	336.00	10.50	U E O Local # #999	252.00	560.00	141.20	418.80
			OT	0	0	0	0	0	0	0	0	21.00	0.00					
	J A	RT												U E O Local #				
			OT															
	J A	RT												U E O Local #				
			OT															
	J A	RT												U E O Local #				
			OT															
	J A	RT												U E O Local #				
			OT															

Ethnicity Key: W= White, B= Black, H= Hispanic, A= Asian, AI= American Indian

Gender Key: M= Male F= Female

INSTRUCTIONS ON REVERSE SIDE

FALSIFICATION OF THIS STATEMENT IS A PUNISHABLE OFFENSE

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form. I certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work on the above project during the period shown. **I understand that falsification of this statement is a punishable offense.**

Cory Smith	Cory Smith	President	07/25/2013
SIGNATURE	NAME (Print)	TITLE	DATE